PTO/SB/17 (12-04)

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Effective on 12/08/2004. TRADE pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
					09/814,				
FEE TRANSMITTAL For FY 2005						21, 2001			
			First Named Inv	entor	Jae-Yo	el KIM			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		BRITT, Cynthia H.				
			Art Unit	2133					
TOTAL AMOUNT OF PAYMENT		(\$) 1,240.00		Attorney Docket No.		678-638 (P9799)			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 04-1121 Deposit Account Name: Dilworth & Barrese, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
FI	CH FEES EXAMINATION FEE Small Entity Small Entit								
Application Type Fe		nall Entity Fee (\$)	Fee (\$)		Fee			Fees Pa	aid (\$)
Utility 30	00	150	500	250	200	0 100	0		
Design 20	00	100	100	50	130	0 6:	5 .		
Plant 20	00	100	300	150	160)8 C) .		
Reissue 30	00	150	500	250	600	300) .		
	00	100	0	0	() () .		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$) Fee (\$) Fach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									Fee (\$) 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims							P	360	180
Total Claims		Paid (\$) Multiple Depen							
18 - 20 or HP = 0 x = HP = highest number of total claims paid for, if greater than 20				<u>Fe</u>	<u>e (\$)</u>	Fee Paid	<u>(\$)</u>		
Indep. Claims Extra Claims Fee (\$) Fee F			aid (\$)			 			
$\frac{3}{\text{HP = highest number of independen}}$	t elaima a	x ====================================		•					
· ·	ii ciaims pa	aid ioi, il greater than	13						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
12 - 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other: RCE Fee \$790.00 and EOT fee \$450.00 1240.00									
Other: RCE Fee \$790.00 and EOT fee \$450.00									
SUBMITTED BY	1	7 / 12		Registration No.	C 450	1	Talambana 5	16 220	0404
Thu River II			Registration No. 26,450 Attorney/Agent)			Telephone 516 228-8484			
							Date 2-8-0	5	
CERTIFICATION UNDER 37 C.F.R. §1.10									

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV 505019395 US addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 8, 2005

Salvatore J. Maiorino